

Benefits & You

2010 Open Enrollment Newsletter

A Special Benefits Edition for the Employees of Miami-Dade County | <http://enet.miamidade.gov> | November 2009

Open Enrollment Is Here

Open Enrollment is the ideal time to consider your many benefit options...new and ongoing. Go to the online enrollment website at <http://enet.miamidade.gov> if you wish to make any changes to your current plan selections.

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Important Websites:

Open Enrollment
<http://enet.miamidade.gov>

Benefits Information
(305) 375-4288 or 5633
www.miamidade.gov/benefits

AvMed Health Plans
(800) 682-8633
www.avmed.org/go/mdpht

CompBenefits
(800) 432-3376
www.compbenefits.com

Delta Dental
(800) 471-1334
www.deltadentalins.com/mdc

JMH Health Plan
(800) 721-2993
www.jmhph.com



What? Annual Benefits Open Enrollment
When? November 9 - November 22, 2009
How? Online at <http://enet.miamidade.gov>
Who? Anyone who :

- 1) wishes to make changes to their current elections
- 2) wishes to enroll or re-enroll in a healthcare or dependent care spending account
- 3) is currently enrolled in MetLife Dental coverage – a new dental plan election must be made

For additional benefits information or to view the Comparison of Benefit Plans visit www.miamidade.gov/benefits

What's New for 2010?

New PPO Dental Plan

Delta Dental is the new PPO dental plan carrier, replacing MetLife. Anyone currently enrolled in MetLife must select a new dental plan. The Delta Dental plan design is essentially the same as MetLife's, but with the following enhancements: 1) Coverage for resin/composite fillings for posterior teeth (currently MetLife members pay the difference between amalgam and composite). 2) Coverage of 2 fluoride cleanings per year, up to age 19 (currently 1x/year). 3) Coverage for sealants to age 16 (currently not covered). 4) No "missing tooth exclusion" (currently MetLife pays to replace one or more natural teeth only if lost while the member had dental coverage). To view the Delta Dental provider directory go to www.deltadentalins.com/mdc/.

AvMed Network Change – PHCS

AvMed has expanded its statewide network by adding 2,461 new providers, including 1,874 primary care and specialist physicians. In addition, effective 1/1/10, AvMed is changing the supplemental network from Beech Street to PHCS (Private Healthcare Systems, Inc.). PHCS is a national network with over 4,000 hospitals, 540,000 physicians, and 78,000 ancillary providers. PHCS is credentialed by the National Committee for Quality Assurance (NCQA). Most of the doctors in the Beech Street network are also participating in the PHCS network. Go to www.avmed.org/go/mdpht to check on the participating status of your providers in the MDC/JHS Elite Access Network (AvMed and PHCS). If your doctor is not participating in the network for 2010, you may call AvMed Member Services 24/7 at (800) 682-8633 to request that AvMed contact your doctor about joining the network.

Simplified Dependent Enrollment

Enroll coverage dependent children age 25 – 29 directly online, no paper election form required. If the child is currently covered, there's no need to re-enroll for 2010; just submit proof of continued eligibility to the medical plan by December 1.

2010 BI-WEEKLY EMPLOYEE RATES

MEDICAL

TIER LEVEL	AVMED POS	AVMED HIGH OPT HMO	AVMED LOW OPT HMO	JMH HIGH OPT HMO	JMH LOW OPT HMO
EMPLOYEE ONLY	\$13.34	\$0.0	\$0.0	\$0.0	\$0.0
EMPLOYEE + CHILD (DREN)	\$245.55	\$154.76	\$145.92	\$154.76	\$145.92
EMPLOYEE + SPOUSE	\$295.95	\$178.78	\$168.59	\$178.78	\$168.59
EMPLOYEE + FAMILY	\$511.60	\$245.80	\$231.86	\$245.80	\$231.86

DENTAL

DENTAL PLAN	EMPLOYEE ONLY		EMPLOYEE+1		EMPLOYEE + FAMILY	
	STD	ENR	STD	ENR	STD	ENR
OHS	\$0.00	\$1.25	\$2.60	\$4.69	\$6.09	\$9.80
ADP	\$0.00	\$1.25	\$2.60	\$4.69	\$6.09	\$9.80
DELTA	\$0.00	\$4.45	\$14.09	\$22.89	\$31.53	\$45.72

OPTIX VISION

Employee Only	\$2.06
Employee + 1	\$4.12
Employee + Family	\$7.57

ARAG LEGAL PLAN

Employee Only	\$7.37
Employee + 1	\$9.45
Employee + Family	\$9.72

Important Notice to MetLife Enrollees

This dental plan will be terminated as of December 31, 2009. All dental claims incurred through that date must be submitted to MetLife for review and processing as soon as possible, but no later than December 31, 2010. Claims received by MetLife after December 31, 2010 may not be processed and you may be held financially responsible. Submit MetLife claims to:

**MetLife Dental
Dental Claims Unit
P.O. Box 981282
El Paso, TX 79998-1282**

DEPENDENT ELIGIBILITY

Who is eligible and type of documentation required for new enrollment:

Spouse - Copy of official certified or registered Marriage Certificate (religious certificates are not acceptable)

Domestic Partner - Copy of the domestic partnership certificate issued by the MDC Consumer Services Department

Child(ren) of Domestic Partners - Copy of official Birth Certificate(s) showing employee's Domestic Partner as parent (birth cards are not acceptable) and copy of the domestic partnership certificate issued by the MDC Consumer Services Department

Child(ren) - Copy of official Birth Certificate(s) showing employee as parent (birth cards are not acceptable)

Stepchildren - Copy of official Birth Certificate(s) AND copy of official State certified or registered Marriage Certificate

Child(ren) under Legal Guardianship, Custody or Foster Care - Copy of Legal Guardianship/Custody document from the Courts or copy of Foster Care documentation from Courts. Coverage for Foster children ends at age 19.

Child(ren) adopted or child(ren) in the process of adoption - Copy of Legal Adoption documentation showing relationship to employee and placement in employee's home or copy of Adoption Certificate issued through the Courts

***Grandchild(ren) OR other child not related** - Copy of official Birth Certificate(s) of child(ren) AND copy of Permanent Legal Guardianship, Adoption\placement for adoption, or Foster Care document from the Courts.

* A dependent of a dependent (child born to an enrolled child dependent) may remain on the plan for up to 18 months from the date of birth. After 18 months, the grandchild must meet the criteria of permanent legal guardianship by the employee, spouse, or domestic partner. Coverage ends at age 19 years old, for children enrolled through a Legal Guardianship\Court Order.

OVERAGE DEPENDENT CHILDREN AGE 19 OR OLDER - ADDITIONAL DOCUMENTATION REQUIRED

The following documentation is also required to add a new dependent child age 19 or older, **or to continue** coverage for an existing covered dependent child beyond age 19. Employees are required to submit the documentation listed below **every year**, before the start of the plan year. Your dependent's coverage will be cancelled retroactively if you fail to submit proof of eligibility.

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. F.S. Section 817.234 (1) (b) (2000)

Children age 19 - 25

(Turning 25 by December 31, 2010)

- Eligibility:**
- 1) The unmarried child must be primarily dependent upon the employee for financial support, and
 - 2) Living in the employee's household or is a full-time or part-time student.
- Documents:**
- 1) Income Tax Filing or Affidavit of Support and
 - 2) Proof the child resides in your household (e.g. child's driver's license showing address is the same as employee's), or proof of student status.

Children age 25+ to 30 (FSS 627.6562)

(If already age 30 before January 1, 2010, not eligible)

Eligibility: The unmarried child does not have any dependents of his/her own. 2) Is a resident of the state of Florida, or a full-time/part-time student. 3) The child is not provided coverage or is a covered person under any other group health insurance policy or individual health benefits plan, or is not entitled to benefits under Title XVIII of the Social Security Act. **The extension applies to medical coverage only.**

Documents: 1) Affidavit of Eligibility and 2) proof of student status, or proof of Florida residency (e.g. child's driver's license, etc.). Employees enrolling a new dependent age 25+ must also provide proof the child was continuously covered by other creditable coverage without a gap in coverage of more than 63 days.

Refer to the Benefits Handbook at www.miamidade.gov/benefits for additional information regarding dependent eligibility.

Dependent Documentation Transmittal

Forward the dependent documentation to your Department Personnel Representative (DPR) for transmittal to the health plans. The information must be received by the health plan by December 1.

Be sure to enter your name and employee ID on each document for identification purposes. If you prefer to send them directly to the health plan, please obtain proof of mailing or fax transmittal. Failure to provide acceptable documentation will result in cancellation of the dependent's medical, dental and or vision coverage (if enrolled), retroactive to January 1, 2010. To submit directly to the health plan:

AvMed Health Plan

Onsite Service Representative
SPCC - 111 NW 1st Street, Suite 2340
Miami, FL 33128
Phone: (305) 375-5306
Fax: (305) 372-6097

JMH Health Plan

ATTN: Member Services
155 South Miami Ave., Suite 110
Miami, FL 33130
Phone: (305) 575-3700
Fax: (305) 355-2145

Report Address Changes - The County's benefit providers experience an ongoing problem of receiving numerous returned mail due to incorrect employee addresses. To guarantee that important benefits related information is properly delivered to you remember to promptly advise your departmental personnel representative of any change in your address. Otherwise, you will miss out on receiving important information such as the FRS Annual Member Statements, Medical Plan Claim Explanation of Benefits, insurance ID cards, insurance summary plan descriptions etc.

Change in Status**How do I make a change to my health plan mid-year?**

Once the open enrollment period closes, you may add or delete dependents to your health plan only under limited circumstances (a qualifying event). Changes must be reported within 45 days of a qualifying event (60 days to add newborns/adoption, or placement for adoption). Complete and submit a Change in Status (CIS) form and Plan Status Change form to the Benefits Administration Unit. Election changes must be consistent with the event. Mid-year changes from one health plan to another, are not permitted. A partial list of permitted changes appear below.

- Marital Status
- Change in Number of Tax Dependents
- Change in Status of Employment Affecting Coverage Eligibility
- Judgment/Decree/Order
- Gain or Loss of Dependents' Eligibility Status
- Change in Residence
- Coverage and Cost Changes
- Open Enrollment Under Other Employer's Plan
- Medicare/Medicaid/Florida Kid Care
- Unpaid Leave of Absence

For additional benefits information and Section 125 qualifying events, logon to **www.miamidade.gov/benefits**.

REGIONAL MEETING SCHEDULE

Representatives from the various insurance plans will be available at the following locations:

DATE	DAY	DEPT	LOCATION	ADDRESS	START	END
11/09/09	Mon	Stephen P. Clark Center	Lobby	111 NW 1st Street	8:30 AM	1:00 PM
11/09/09	Mon	Miami-Dade Police	HQ Cafetorium	9105 NW 25 St.	1:30 PM	3:30 PM
11/10/09	Tue	Martin Luther King Bldg.	2nd Floor Conf Rm #3	2525 NW 62nd Street	8:00 AM	10:00 AM
11/10/09	Tue	Fire Rescue	Fire HQ - Auditorium	9300 NW 41 St.	11:00 AM	1:00 PM
11/10/09	Tue	ETSD	Break Room, 2nd Fl.	5680 SW 87 Ave.	2:00 PM	3:30 PM
11/12/09	Thu	Solid Waste Mgmt	3A Garbage & NE Transf., Trailer	18701 NE 6th Ave.	6:30 AM	8:00 AM
11/12/09	Thu	Miami-Dade Transit	Bus Op NE Garage, Driver's Rm, 1st FL	360 NE 185 St.	9:00 AM	11:00 AM
11/12/09	Thu	Public Works	Road, Bridge & Canal - Lunch Rm.	9301 NW 58th Street	2:00 PM	4:30 PM
11/13/09	Fri	Miami-Dade Transit	Central Garage Driver's Rm, 1st FL	3300 NW 32 Avenue (Bus Ops.)	10:00 AM	11:30 AM
11/13/09	Fri	Courts	Jury Pool Room, 7th FL	1351 NW 12 Street	1:30 PM	3:00 PM
11/16/09	Mon	Solid Waste Mgmt.	Main Pit Garbage & Trash, Breeze Way	8831 NW 58th St	6:30 AM	8:00 AM
11/16/09	Mon	Miami-Dade Transit	(Coral Way) Driver's Rm 1st FL	2775 SW 74 Ave.	9:30 AM	11:30 AM
11/16/09	Mon	Seaport	Conference Rm, 2nd Floor	1007 N America Way	1:00 PM	2:30 PM
11/17/09	Tue	Miami-Dade Transit	Lehman Ctr, Conf. Rm A	6601 NW 72 Ave	9:00 AM	10:30 AM
11/17/09	Tue	Water & Sewer	Douglas Rd Bldg. - Rm 156 - A&B	3071 SW 38 Avenue	12:30 PM	3:30 PM
11/18/09	Wed	Overtown Transit Village	Lobby	701 NW 1st Court	11:30 AM	1:00 PM
11/18/09	Wed	Public Works	Traffic Signal & Signs, Conf. Room	7100 NW 36 Street	2:30 PM	4:30 PM
11/19/09	Thu	So. Dade Govt. Ctr.	Room 203	10710 SW 211 St.	8:30 AM	10:30 AM
11/19/09	Thu	Aviation	Concourse A - Auditorium, 4th FL	Miami Intl. Airport	1:00 PM	3:00 PM
11/19/09	Thu	Solid Waste Mgmt.	3B Garbage & Trash, Auditorium	8000 SW 107 Ave.	3:00 PM	4:30 PM
11/20/09	Fri	Stephen P. Clark Center	Lobby	111 NW 1st Street	9:00 AM	12:00 PM
11/20/09	Fri	Park & Recreation	Gould's Gym - Room 101	11350 SW 216 Street	10:30 AM	12:00 PM

Web Enrollment

HOW TO ACCESS THE ONLINE ENROLLMENT WEBSITE

ALL COUNTY EMPLOYEES WHO WISH TO MAKE A CHANGE, OR RE-ENROLL IN A SPENDING ACCOUNT ARE REQUIRED TO USE THE ONLINE ENROLLMENT PROCESS AT <http://enet.miamidade.gov>. METLIFE DENTAL ENROLLEES MUST SELECT A NEW DENTAL PLAN FOR 2010.

Need to add or cancel coverage, add/delete a dependent, or enroll or re-enroll in a spending account? Enrolling online is the simplest and most direct way. No long forms to fill out or worry about paperwork getting misplaced. All you need is 15-20 minutes of uninterrupted time to make your elections. Then print your online confirmation page for your record and you are done! If you need to go back and change your selections, no problem; the website is secure and available from November 9 until November 22, 2009.

What's Online

Review your enrollment materials thoroughly. Most of these documents are online, including:

- Link to provider Web sites
- Medical Plan Comparison
- Dental Plan Comparison
- DPR Directory
- Frequently Asked Questions (FAQs)

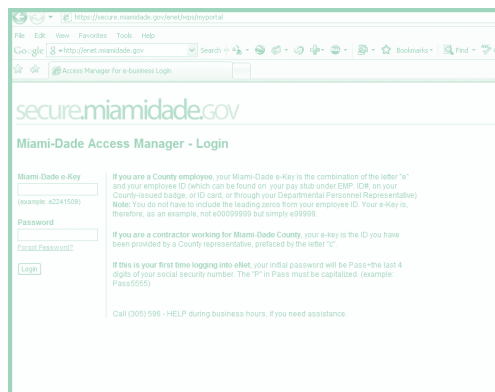
Before You Start

If you still have questions after reviewing the materials, attend an open enrollment regional meeting, contact the plan directly, or your Department Personnel Representative (DPR). Make sure you have the following information:

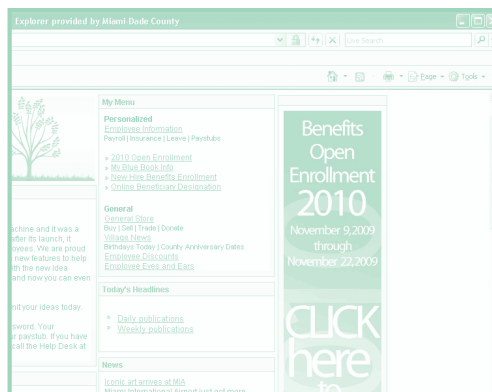
- **Employee ID#** - If this is your first time accessing eNet, you will need your payroll employee ID and the last 4 digits of your Social Security number.
- **Primary Care Physician (PCP)** - If enrolling in the AvMed Low Option HMO or JMH Low Option HMO plans.
- **Participating Dentist Number** - if changing to ADP or OHS.
- **Dependent Information** - This includes names, dates of birth, other medical coverage information for coordination of benefits (COB) purposes.
- **Spending Accounts** - Decide on the annual amount you wish to contribute in 2010.

Logging On

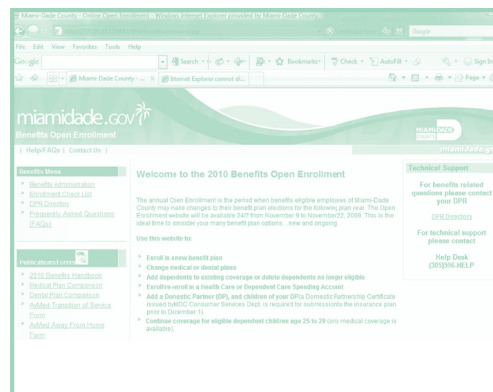
Online enrollment is an 11-step process that must be completed in one session. If you log off before completing the final step, you will not be able to return to the place where you left off. Your changes will not be saved unless you press the Complete Enrollment button in Step 11.

1. Go directly to <http://enet.miamidade.gov>

2. Click Open Enrollment link



3. Begin your Enrollment Process



The 2010 Open Enrollment Benefits website must be accessed through the County's eNet portal. First time eNet users will be required to set-up an account and create a password. To begin, your Miami-Dade e-Key is the combination of the letter “e” and your employee payroll ID#. This is the number that appears on the upper left-hand corner of your pay stub. First time eNet users, your initial password will be “Pass” plus the last 4 digits of your Social Security number (example Pass1234). Click the Login button.

Not a first time eNet user? Enter e-Key and your eNet password and click Login button. Forgot your password? Click “forgot password” link to reset it. Remember that multiple incorrect logon attempts will result in your user ID (e-Key) being disabled. Contact the Help Desk at 305-596-Help, if you have technical difficulties.

Also on eNET

Life Insurance - Have you experienced a major life event recently (marriage, children, divorce, etc.)? If you are like most people, you want to make sure that your loved ones are adequately provided for should something happen to you. When was the last time you updated your life insurance beneficiary designation? Now you can go directly online to complete a new beneficiary designation form. The process is easy, secure and will take just a few minutes from any computer, 24/7. The beneficiary website can be accessed through the eNet portal at <http://enet.miamidade.gov>. Once you logon to eNet, just select the Online Beneficiary Designation link listed under the “My Menu” heading.

The material contained in this Newsletter does not constitute an insurance certificate or policy. This information provided is intended only to assist in the selection of benefits. Final determination of benefits, exact terms and exclusions of coverage for each benefit plan are contained in certificates of insurance issued by the participating insurance companies. Employees receive benefit certificates for those benefits selected.

Important Notes

- Weigh your benefit plan options carefully, because once you submit your final selections online you are locked into these plan choices until December 31, 2010. Employees are not permitted to switch plans during the year.
- All 2010 plan year benefit elections are in effect January 1, 2010 through December 31, 2010 (other than new hires and those benefits subject to medical approval).
- New hires with a benefits eligibility date of November 1 or December 1, 2009 must submit their benefits selections online through the County's eNet portal New Hire Benefits Enrollment link. Your 2009 new hire plan selections will carry over into 2010. If enrolling in a spending account you will be required to select two (2) annual contribution amounts; one for the balance of 2009 and a separate amount for the 2010 plan year. If you enroll for MetLife Dental coverage in 2009, you will be defaulted to the equivalent Delta Dental coverage for 2010.
- Print and retain the online benefits confirmation notice after you make your benefits elections for the 2010 plan year. This will be required as proof of 2010 benefit selections in the event there are any discrepancies. In addition, the Benefits Administration Unit will provide you with a Confirmation Statement by mid December.
- Once the Open Enrollment deadline passes, the only plan election changes permitted will be those resulting from a processing error. A processing error is defined as the unlikely event of a computer system malfunction that failed to process the employee's elections, as recorded on the final confirmation notice submission.
- If you have questions about your Flexible Benefits Health Care Spending Account or Dependent Care Spending Account, call Fringe Benefits Management Company (FBMC) Customer Care Center at 1-800- 342-8017.
- Don't miss the regional meetings scheduled for November 9 to November 20, 2009. Look for the schedule on page 5 of this newsletter. Representatives from the following providers will be available to answer questions: Group Medical, Group Dental, Group Vision, Disability Income Protection, Group Legal and Deferred Compensation.

Important Dates

1. November 9 to November 20, 2009 - Regional Meetings
2. November 9 to November 22, 2009 - Logon to the Open Enrollment Website to make your plan elections.
3. December 1 - Deadline to submit dependent evidence of eligibility for newly enrolled dependents and all enrolled dependent children age 19 to 29.
4. January 22, 2010 – Deadline for reporting system errors in the processing of online benefit elections.

Remember.....

To enroll or make changes to your benefits for 2010, go to **<http://enet.miamidade.gov>** logon to eNet and select the 2010 Open Enrollment link. The open enrollment website is available 24/7, from **November 9 to November 22, 2009**. Employees without computer access, please contact your departmental personnel representative for assistance.